## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax

(703) 746-4000

| INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as |
| indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for     |
| maintenance fee notifications.                                                                                                                                            |

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

FILING DATE

02/15/2002

7590

02/27/2004

AGILENT TECHNOLOGIES, INC. Legal Department, DL429 Intellectual Property Administration P.O. Box 7599 Loveland, CO 80537-0599

APPLICATION NO. 10/077,550



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

| _ Nelia T. de Guzman | (Depositor's name) |
|----------------------|--------------------|
| Melia 4. de Guaman   | (Signature)        |
| March 5, 2004        | (Date)             |
|                      |                    |

ATTORNEY DOCKET NO.

10003680

| E OF INVENTION: INSTRUMENT TIMING USING SYNCHRONIZED CLOCKS |              |           |                 |                  |            |  |  |
|-------------------------------------------------------------|--------------|-----------|-----------------|------------------|------------|--|--|
| APPLN. TYPE                                                 | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |  |  |
| nonprovisional                                              | NO           | \$1330    | \$300           | \$1630           | 05/27/2004 |  |  |
| EXAMINER                                                    |              | ART UNIT  | CLASS-SUBCLASS  | 7                |            |  |  |
| LE, TOAN M                                                  |              | 2863      | 702-187000      | _                |            |  |  |

FIRST NAMED INVENTOR

John C. Eidson

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

| 1_ |  |  |  |
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CONFIRMATION NO.

3283

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Agilent Technologies, Inc.

## Palo Alto, California

| Please check the appropriate assignee category                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>`</u> <u>.</u>                                                                                                                                                                                            |                                                                                                                                                                   | <u> </u>                                                                                                                        | indiv 🔾    | idual XI           | corporatio | n or other priva        | ate group enti | ty    government |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|------------|-------------------------|----------------|------------------|
| 4a. The following fee(s) are enclosed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 41                                                                                                                                                                                                           | b. Pay                                                                                                                                                            | ment of Fee(s):                                                                                                                 |            |                    |            |                         |                |                  |
| X Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                              | ☐ A check in the amount of the fee(s) is enclosed.                                                                                                                |                                                                                                                                 |            |                    |            | •                       |                |                  |
| N Publication Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                              | 🔾 Pa                                                                                                                                                              | yment by credit                                                                                                                 | card. Form | PTO-2038           | is attach  | ed.                     |                |                  |
| Advance Order - # of Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                              | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number50=1078(enclose an extra copy of this form). |                                                                                                                                 |            |                    |            |                         |                |                  |
| Director for Parents is requested to apply the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | sue Fee and Publication lies                                                                                                                                                                                 | (if an                                                                                                                                                            | ar toge apply                                                                                                                   | any previo | ously paid i       | ssue fee t | the application         | n identified a | bove.            |
| (Authorized Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Date)                                                                                                                                                                                                       |                                                                                                                                                                   | 1                                                                                                                               | j 03       | /11/2004           | JADDO2     | 00000132                | 501078         | 10077550         |
| Robert T. Martin, Reg. No<br>NOTE; The Issue Fee and Publication Fee<br>other than the applicant; a registered attorn<br>interest as shown by the records of the United                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (if required) will not be ac<br>ey or agent; or the assign                                                                                                                                                   | cepte<br>ee or                                                                                                                                                    | d from anyone other party in                                                                                                    |            | FC:1501<br>FC:1504 |            | 1330.00 DA<br>300.00 DA |                |                  |
| This collection of information is required by obtain or retain a benefit by the public whice application. Confidentiality is governed by 35 estimated to take 12 minutes to complete, incompleted application form to the USPTO. case. Any comments on the amount of tir suggestions for reducing this burden, should Patent and Trademark Office, U.S. Dept 22313-1450. DO NOT SEND FEES OR C SEND TO: Commissioner for Patents, Alexandrical Control of the control of | ch is to file (and by the US of US.C. 122 and 37 CFR 1. cluding gathering, preparing Time will vary depending me you require to complete be sent to the Chief Informattment of Commerce, TOOMPLETED FORMS TO | SPTO<br>14. The<br>g, and<br>upon<br>ete thi<br>mation<br>Alexand<br>THI                                                                                          | to process) an<br>nis collection is<br>submitting the<br>the individual<br>is form and/or<br>n Officer, U.S.<br>adria, Virginia |            |                    |            |                         |                |                  |
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